**Melanie Kristin Price Foundation**

**“Wilkins Lodge”, #Two Mile Hill, St. Michael**

**TEL: 827-5244**

***In aid of Scholarships Fund***

**(PLEASE PRINT)**

**Race Entry:**  5K Walk  5K Run  S**ex:** Male  Female

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age (*as of 10/4/16*):**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telephone:** ***(H)*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***(W)*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***(C)*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**T-Shirt Size:** Adult  X- Small  Small  Medium  Large  X-Large

Children  Medium  Large

**Payment: *Please make all Cheque payable to the Melanie Kristin Price Foundation.***

**5K Walk** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5K Run**  $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Select Method of Payment:**   Cheque  Cash

|  |
| --- |
| **FOR OFFICIAL USE** |
| Receipt # \_\_\_\_\_\_\_\_\_\_\_ Race #\_\_\_\_\_\_\_\_\_\_\_\_\_  Paid  Delivered |

**Waiver/Release**:

*I understand that competing and participating in a road race is a potentially hazardous activity. I understand that I should be medically able to participate and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the race. I assume all risks associated with participating in this event. As a participant in this event, I hereby give the right and permission to the* ***Melanie Kristin Price Foundation*** *to use recorded voice and photographic images through any medium. Having read this waver and release and knowing these facts, I understand that by signing this waver and release I waive and release the* ***Melanie Kristin Price Foundation****, representatives, volunteers, and others connected with this event from any and all claims and liability of any kind arising out of my participation in the* ***5K Walk/Run****. I understand that all registrations are final and that no refund will be available once I submit my registration for this event. My signature below indicates that I understand, accept and agree to this waver and release.*

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***(Signature of parents if under 18 years of age)***